

sober and relentless pursuit of the truth so that such a crisis never happens again.

NO END IN SIGHT

The SPEAKER pro tempore. The Chair recognizes the gentleman from Texas (Mr. NEHLS) for 5 minutes.

Mr. NEHLS. Madam Speaker, Vice President KAMALA HARRIS was named border czar on March 24, 2021. It was 93 days later when she finally went down to visit a border community amidst this unprecedented humanity crisis. There is just one problem: she didn't actually visit the border.

Last Friday, Vice President HARRIS hopped off her plane in El Paso for a few hours on her way to California. She quickly toured a border patrol station 10 miles away from the actual border avoiding a visit to ground zero.

And what do I mean by "ground zero"? I mean the actual border where thousands of migrants are flooding across daily, like the Rio Grande Valley sector where over 50,000 illegal immigrants were apprehended in May alone, which is 128 percent, more than the entire El Paso sector.

Or in the Del Rio sector where every afternoon buses on the Mexican side of the border pull up and they unload hundreds of migrants who cross the Rio Grande River in knee-high water.

I saw it myself firsthand when I visited the Del Rio sector in June. While I was there getting a tour of the actual border, a couple of men crossed the Rio Grande over to the American side, and when they got to the bank of the river, DPS agents and I questioned them.

We asked them where they were from, why they were here, and why they thought they could get into America. They told us they were from Cuba and they had come here to work. Then they told us something that shouldn't surprise anyone: They thought they could get into America because President Biden said they could come.

Within minutes, agents of Border Patrol pulled up in a van, loaded with other migrants who had crossed down river, and away they went. Situations like this are happening in the thousands every day along our border. And Border Patrol is the one being forced to pick these migrants up, process them, straining their manpower and resources, resulting in our border being completely open for criminal illegal aliens who want to cross undetected.

Americans have been hearing about this Biden border crisis for months, and they see nothing changing. They see the cartels are getting rich trafficking these migrants across our border. And they hear the horror stories of children being abandoned and abused during their journey to our southern border. All of this has a real world impact on Americans.

As a former county sheriff in Texas, I know all too well the second and third order effects of an unsecure

southern border. Americans will undoubtedly become victims of crime from the illegal aliens successfully avoiding detection when they cross. Like Ms. Bowie who was run over and killed while I was sheriff by an illegal alien who had been deported six times prior.

Our open border will strain local law enforcement and border State resources who are tasked with cleaning up the mess. A mess created by the Biden administration's failure to stem the flow of illegal aliens pouring across the border.

But it really doesn't need to be this way. The Biden border crisis all started when Biden reversed the Trump administration's remain in Mexico policy and stopped construction of the wall. We can get back to operational control of our southern border if the Biden administration just reverts back to the Trump administration's policies. Until then, there simply is no end in sight.

TAXPAYERS SHOULD NOT BE RESPONSIBLE FOR SEX REASSIGNMENT SURGERIES

The SPEAKER pro tempore. The Chair recognizes the gentleman from North Carolina (Mr. MURPHY) for 5 minutes.

Mr. MURPHY of North Carolina. Madam Speaker, today I rise to speak on the recent ruling by the Secretary of Veterans' Affairs to allow taxpayer dollars to be spent to provide sex reassignment surgeries. I have been a board certified urologist for 30 years, so I am quite knowledgeable about patients who suffer from gender dysphoria. Those who experience this mental and physical ambiguity may seek care that involves years of psychological and psychiatric evaluation counseling, years of hormonal manipulation, and then multiple cosmetic surgeries. The cost of these interventions may easily run into the hundreds and thousands of dollars.

Recent numbers cited by the National Center for Transgender Equality stated there were an estimated 134,000 transgender veterans in our Nation. However, using the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders data from 2019, that calculated number appears to be far less. Regardless, the new Secretary has mandated that sex reassignment surgery be covered by the VA.

Again, I am very empathetic to the challenges that these patients face, but as a surgeon and a Member of Congress, I must question the surgical priorities here. The VA is already understaffed and overburdened, and now requiring a competing array of treatments may lead to a delay in diagnosis for serious life-threatening disorders. It is an issue of resources and priorities.

There is actually a much heated debate on whether this sex reassignment surgery is truly appropriate or beneficial. In fact, in 2016 the Obama ad-

ministration came to the conclusion that it was not. In 2016, the Centers for Medicare and Medicaid Services revisited the question of whether sex reassignment surgery would be covered by Medicare plans. Despite receiving a request that its coverage be mandated, it refused. It refused to cover it on the grounds that we lack evidence that it truly benefits patients.

It is well documented that up to 40 percent of the transgender population will attempt suicide at some point. There is no clear evidence that this tragic statistic changes anything after having sex reassignment surgery. In fact, as recent as August of 2020 in the American Journal of Psychiatry, it states that comparing those with gender dysphoria who had sex change surgery with those who did not, that the results demonstrated no advantage of surgery in relation to subsequent mood or anxiety disorder-related healthcare visits or prescriptions or hospitalizations following suicide attempts in that comparison. I could go on with the medical statistics, but suffice it to say, there is no clear consensus regarding surgical intervention in this population.

Madam Speaker, I represent the sixth largest number of veterans in any congressional district in the country. These surgeries that are required require complex surgical intervention by highly trained surgical specialists that the VA does not have, nor has any prospect of employing in the future.

The Nation is already suffering a severe shortage of surgeons. The American College of Surgeons cites severe shortages of general surgeons, urologists, and plastic surgeons. Those that we have are needed to take care of cancer, bowel obstructions, and limb reconstructions following battlefield injuries, real life and death issues. They are not going to jump ship to be paid less in a bureaucratic Government-run healthcare system.

We already know the VA is short-staffed. They need mental health treatment individuals for PTSD and traumatic brain injury from injuries sustained by veterans in battle. We already have 17 veterans dying a day from service-connected psychiatric issues. They do not need to compete for resources with those who are suffering from issues that have nothing to do with being a member of the military.

We do not have enough psychiatrists or psychologists to deal with the trauma that our veterans have faced in their fight to keep this Nation free. Is it right to divert resources away from those who require years of therapy for nonservice-connected issues? The answer, I submit, is no.

Further, gender dysphoria requires years of hormonal transitioning, needless to say requiring medications for anxiety and depression. This increase of pharmaceutical needs will further strain the VA pharmacy system that is already overtaxed.

But now the Secretary in an effort to appease the far left wants to stress the